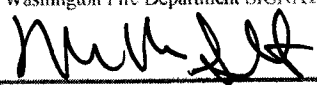

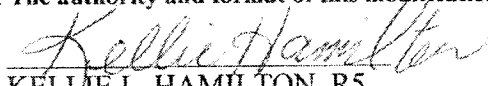




MODIFICATION OF GRANT OR AGREEMENT		PAGE	OF PAGES
		1	2
1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 10-FI-11051755-022	2. RECIPIENT/COOPERATOR GRANT or AGREEMENT NUMBER, IF ANY:	3. MODIFICATION NUMBER: 001	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4): Tahoe National Forest 631 Coyote Street Nevada City, CA 95959	5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4): Tahoe National Forest 631 Coyote Street Nevada City, CA 95959		
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county): Washington Fire Department P.O. Box 34 Washington CA, 95986 Telephone: (530)265-3166	7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS payment use only):		
<b>8. PURPOSE OF MODIFICATION</b>			
CHECK ALL THAT APPLY:	This modification is issued pursuant to the modification provision in the grant/agreement referenced in item no. 1, above.		
<input checked="" type="checkbox"/>	CHANGE IN PERFORMANCE PERIOD: 04/15/2012 through 04/15/2013		
<input type="checkbox"/>	CHANGE IN FUNDING:		
<input checked="" type="checkbox"/>	ADMINISTRATIVE CHANGES: Change FS Administrative Contact to: John V. Hefner, Grants Management Specialist, 631 Coyote St., Nevada City, CA 95959. Telephone: 530-478-6828 Fax: 530-478-6126 Email: jvhefner@fs.fed.us		
<input type="checkbox"/>	OTHER (Specify type of modification):		
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.			
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed): Annual Operating Plan for 2012 is the same and will remain in effect through 04/15/2013			
<b>10. ATTACHED DOCUMENTATION (Check all that apply):</b>			
<input type="checkbox"/>	Revised Scope of Work		
<input type="checkbox"/>	Revised Financial Plan		
<input type="checkbox"/>	Other:		
<b>11. SIGNATURES</b>			
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED GRANT/AGREEMENT.			
11.A. Washington Fire Department SIGNATURE 	11.B. DATE SIGNED 3/25/12	11.C. U.S. FOREST SERVICE SIGNATURE 	11.D. DATE SIGNED 3/30/12
(Signature of Signatory Official)		(Signature of Signatory Official)	
11.E. NAME (type or print): MIKE STEWART		11.F. NAME (type or print): TOM QUINN	
11.G. TITLE (type or print): Fire Chief		11.H. TITLE (type or print): Forest Supervisor	
<b>12. G&amp;A REVIEW</b>			
12.A. The authority and format of this modification have been reviewed and approved for signature by:  KELLIE L. HAMILTON, R5 U.S. Forest Service Grants & Agreements Specialist			12.B. DATE SIGNED 3/8/12



USDA Forest Service

OMB 0596-0217  
FS-1500-19

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